

**FEC FORM 9
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations**

(a) Name

FOCUS ON THE FAMILY ACTION

(b) Address (number and street)

☐ check if different than previously reported

8655 EXPLORER DRIVE

(c) City, State and ZIP Code

COLORADO SPRINGS

CO

80920

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30000673**3. Is This Statement**☒**New**

or

☐**Amended****4. Covering Period**M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

through

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 8**5. (a) Date of Public Distribution(s)**M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8**(b) Communication Title** Obama Born Alive Ad**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☒ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?**Yes ☒No ☐**8. Custodian of Records**

(a) Name

Mrs. Sonja Kristine Swiatkiewicz

(b) Address (number and street)

8655 Explorer Drive

(c) City, State and ZIP Code

Colorado Springs

CO

80920

(d) Name of Employer or Principal Place of Business

Focus on the Family Action

(e) Occupation

Director, Issues Response

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

39599.16

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Mrs. Sonja Kristine Swiatkiewicz

SIGNATURE Electronically Filed by Mrs. Sonja Kristine Swiatkiewicz

DATE 10/31/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control

A.	(a) Name Mr. Bobb Biehl	Transaction ID : F91.4108	
	(b) Address (number and street) 8655 Explorer Drive		
	(c) City, State and Zip Code Colorado Springs CO 80920		
	(d) Name of Employer or Principal Place of Business	(e) Occupation Board Member	
B.	(a) Name Mrs. Elsa Prince Broekhuizen	Transaction ID : F91.4109	
	(b) Address (number and street) 8655 Explorer Drive		
	(c) City, State and Zip Code Colorado Springs CO 80920		
	(d) Name of Employer or Principal Place of Business	(e) Occupation Board Member	
C.	(a) Name Lt. Gen. Patrick Caruana	Transaction ID : F91.4110	
	(b) Address (number and street) 8655 Explorer Drive		
	(c) City, State and Zip Code Colorado Springs CO 80920		
	(d) Name of Employer or Principal Place of Business	(e) Occupation Vice Chairman	
D.	(a) Name Mr. James D. Daly	Transaction ID : F91.4111	
	(b) Address (number and street) 8655 Explorer Drive		
	(c) City, State and Zip Code Colorado Springs CO 80920		
	(d) Name of Employer or Principal Place of Business Focus on the Family Action	(e) Occupation President	
E.	(a) Name Dr. James C. Dobson	Transaction ID : F91.4112	
	(b) Address (number and street) 8655 Explorer Drive		
	(c) City, State and Zip Code Colorado Springs CO 80920		
	(d) Name of Employer or Principal Place of Business	(e) Occupation Chairman	

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A.	(a) Name Mrs. Shirley Dobson	Transaction ID : F91.4113	
	(b) Address (number and street) 8655 Explorer Drive		
	(c) City, State and Zip Code Colorado Springs CO 80920		
	(d) Name of Employer or Principal Place of Business	(e) Occupation Secretary	
B.	(a) Name Mr. Robert E. Hamby, Jr.	Transaction ID : F91.4114	
	(b) Address (number and street) 8655 Explorer Drive		
	(c) City, State and Zip Code Colorado Springs CO 80920		
	(d) Name of Employer or Principal Place of Business	(e) Occupation Board Member	
C.	(a) Name Dr. R. Albert Mohler	Transaction ID : F91.4115	
	(b) Address (number and street) 8655 Explorer Drive		
	(c) City, State and Zip Code Colorado Springs CO 80920		
	(d) Name of Employer or Principal Place of Business	(e) Occupation Board Member	
D.	(a) Name Mr. Paul Nelson	Transaction ID : F91.4116	
	(b) Address (number and street) 8655 Explorer Drive		
	(c) City, State and Zip Code Colorado Springs CO 80920		
	(d) Name of Employer or Principal Place of Business	(e) Occupation Board Member	
E.	(a) Name Dr. Kathleen Nielson	Transaction ID : F91.4117	
	(b) Address (number and street) 8655 Explorer Drive		
	(c) City, State and Zip Code Colorado Springs CO 80920		
	(d) Name of Employer or Principal Place of Business	(e) Occupation Board Member	

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control

A.	(a) Name Mr. Eric Pillmore	Transaction ID : F91.4118
	(b) Address (number and street) 8655 Explorer Drive	
	(c) City, State and Zip Code Colorado Springs CO 80920	
	(d) Name of Employer or Principal Place of Business	(e) Occupation Board Member
B.	(a) Name Mr. Kim Robinson	Transaction ID : F91.4119
	(b) Address (number and street) 8655 Explorer Drive	
	(c) City, State and Zip Code Colorado Springs CO 80920	
	(d) Name of Employer or Principal Place of Business	(e) Occupation Board Member
C.	(a) Name Mr. Lee Torrence	Transaction ID : F91.4120
	(b) Address (number and street) 8655 Explorer Drive	
	(c) City, State and Zip Code Colorado Springs CO 80920	
	(d) Name of Employer or Principal Place of Business	(e) Occupation Board Member
D.	(a) Name Mr. Daniel Villanueva	Transaction ID : F91.4099
	(b) Address (number and street) 8655 Explorer Drive	
	(c) City, State and Zip Code Colorado Springs CO 80920	
	(d) Name of Employer or Principal Place of Business	(e) Occupation Board Member

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

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A. Full Name (Last, First, Middle Initial) of Payee WAMW-AM				Date of Disbursement or Obligation <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>				M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y																		
1	0		3	0		2	0	0	8																		
Mailing Address of Payee 800 West National Highway				Amount <table border="1" style="width: 100%; text-align: center;"> <tr> <td colspan="10">1870.58</td> </tr> </table>				1870.58																			
1870.58																											
City Washington		State IN		Zip Code 47501		Communication Date <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y																		
1	0		3	0		2	0	0	8																		
Name of Employer		Occupation		Transaction ID : F93.4127																							
Purpose of Disbursement (including title(s) of communication(s)) Radio Ad - Obama Born Alive Ad																											
Name of Federal Candidate BARACK OBAMA		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		State: District: 00		Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																					
F94.4103																											
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																					

B. Full Name (Last, First, Middle Initial) of Payee WAMW-FM				Date of Disbursement or Obligation <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>						M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y																				
1	0		3	0		2	0	0	8																				
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M	M	/	D	D	/	Y	Y	Y	Y																				
1	0		3	0		2	0	0	8																				
Name of Employer		Occupation		Transaction ID : F93.4129																									
Purpose of Disbursement (including title(s) of communication(s)) Radio Ad - Obama Born Alive Ad																													
Name of Federal Candidate BARACK OBAMA		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		State: District: 00		Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																							
F94.4103																													
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																							
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																							

SUBTOTAL of Disbursement/Obligation This Page (optional)						<table border="1" style="width: 100%; text-align: center;"> <tr> <td colspan="10">3741.16</td> </tr> </table>				3741.16									
3741.16																			
TOTAL This Period (last page this line number only) (carry total from last page to line 10)						<table border="1" style="width: 100%; text-align: center;"> <tr> <td colspan="10"> </td> </tr> </table>													

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

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A. Full Name (Last, First, Middle Initial) of Payee WFMS-FM				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8</div> </div>			
Mailing Address of Payee 6810 N. Shadeland Ave				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">23600.00</div>			
City Indianapolis		State IN		Zip Code 46220		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8</div> </div>	
Name of Employer		Occupation		Transaction ID : F93.4121			
Purpose of Disbursement (including title(s) of communication(s)) Radio Ad - Obama Born Alive Ad							
Name of Federal Candidate BARACK OBAMA		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		State: _____ District: 00		Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.4103		Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

B. Full Name (Last, First, Middle Initial) of Payee WJJK-FM				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8</div> </div>			
Mailing Address of Payee 6810 N Shadeland Ave				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11400.00</div>			
City Indianapolis		State IN		Zip Code 46220		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8</div> </div>	
Name of Employer		Occupation		Transaction ID : F93.4123			
Purpose of Disbursement (including title(s) of communication(s)) Radio Ad - Obama Born Alive Ad							
Name of Federal Candidate BARACK OBAMA		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		State: _____ District: 00		Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.4103		Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

SUBTOTAL of Disbursement/Obligation This Page (optional)	<div style="border: 1px solid black; padding: 2px; text-align: right;">35000.00</div>
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

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A. Full Name (Last, First, Middle Initial) of Payee WQME-FM				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 8</div> </div>			
Mailing Address of Payee 1100 East 5th St				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">858.00</div>			
City Anderson		State IN		Zip Code 46012		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 8</div> </div>	
Name of Employer 				Occupation 			
Purpose of Disbursement (including title(s) of communication(s)) Radio Ad - Obama Born Alive Ad							
Name of Federal Candidate BARACK OBAMA		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		State: _____ District: 00		Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.4103		Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

SUBTOTAL of Disbursement/Obligation This Page (optional)

858.00

TOTAL This Period (last page this line number only)
 (carry total from last page to line 10)

39599.16